Substitute f	or Form 1449	/PTO		Complete if Known				
	INIEOD	NAA	TION DISCLOSUM	Application Number	10/718,742			
				Filing Date	November-21, 2003			
	STATE	EME	ENT BY APPLICAN	APR 10 200c	First Named Inventor:	Todd Lewis		
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				Examiner Name	Unassigned			
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Examiner Initials*	Cite No.	Numt	Document Number Der-Kind Code ² (If known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear		
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Examiner Signature	1/10/1/	Vay I	Date Considered	5/1/06

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